

FILED
7/29/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JUN 23 2016 AS
0-23-16 JTB
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Emanuel Woods

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

16-cv-6613

Judge James B. Zagel

Magistrate Judge Maria Valdez

PC4

vs. ~~XXXX~~

Cas
(To

Sheriff Tom Dart

MS. Anderson Cook County Officer

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

**COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)**

☐

**COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)**

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

I. Plaintiff(s):

- A. Name: Emanuel Woods
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Part
Title: Cook County Sheriff
Place of Employment: Cook County
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On May 12, 2016, I was in the Law Library, when an incident occurred, about a pen had been stolen, me and several detainees had got up to stand against the wall, to be searched, while this was taking process, someone threw the pen by me. I reach down to retrieve the pen, so I could give it to the officer Mrs. Anderson before I could hand her the pen she rush me and grab me under my arm, and around my neck, pushing me against the wall, forcing me to the ground hurting my neck and shoulder. This incident took place right in front of the camera, in the Law Library, a picture tells a thousand details, Mrs. Anderson had no reason, to use excessive force to me, which cause me to seek medical attention, this incident also effected, me mentally and emotionally.

especially this happening to me by a female officer, I would like the officer discipline

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to receive compensatory damages
also punitive damage for this matter. I
will allow the attorney to decide the figure
or amount.

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)

Inmate Grievance Number: **2016x4120**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review
3026 S. California Ave
Building 4 / 4th floor
Chicago, Illinois 60608

INMATE COPY

COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

2016X4120

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

WOODS

INMATE FIRST NAME (Primer Nombre):

EMANUEL

ID Number (# de Identificación):

20160307032

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

260- MISCONDUCT (PHYSICAL) BY SWORN
STAFF

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

O.P.R. I. S.

DATE REFERRED:

5/14/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

SEE ATTACHMENT

PERSONNEL RESPONDING TO GRIEVANCE (Print):

LEFENDERSON

SIGNATURE:

DIV./DEPT.

15 ADMIN

DATE:

5/14/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Chris Clemens

SIGNATURE:

Chris Clemens

DIV./DEPT.

10

DATE:

5/14/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Emmanuel Woods

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/14/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido:) 5/14/16

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación:)

I would like to Appeal this matter

INMATE COPY

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

Original Response to Stand

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

J. Mueller

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

5/17/16

INMATE SIGNATURE (Firma del Preso):

Emmanuel Woods

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

5/24/16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016X4120

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

WOODS

INMATE FIRST NAME (Primer Nombre):

EMANUEL

ID Number (# de Identificación):

20160307032

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

260- MISCONDUCT (PHYSICAL) BY SWORN
STAFF

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

O.P.R. I.S.

DATE REFERRED:

5/14/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

/ /

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Chris P. [Signature]

SIGNATURE:

Chris P. [Signature]

DIV./DEPT.

10

DATE:

5/14/16

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

Emanuel Woods

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

5/14/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- * To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- * Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): 5 / 14 / 16

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

I would like to Appeal this matter

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

☐

No

☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE
(Fecha en que el preso recibió respuesta a su apelación):

/ /



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☒ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

5-12-16

Approx 11:am

Low Library

I walked back to a spot on the wall to be searched when someone throw the pen by me. I reach down to give her the pen when Mrs. Aderson Rush me grab me under my arm and around my neck pushing me against the wall trying to force me to the ground hurting my neck and shoulder. This incident took place right in front of the camera in the Low Library. Approx time 11:am on 5-12-16

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like for these officer to be discipline

I would like for these officer to be discipline

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☐ SUPERINTENDENT: _____
☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
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- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

5-12-16 Approx 11:00AM LAW-LIBRARY

ON the above date and time, I Emanuel Woods 20160307-032 was in the Law Library when someone stole a pen off the office desk which was Mrs. Anderson she was in charge of the Law Library at the pen was stealing off the desk. So when the officer came to take us back to our wing she told the officer to shake us down cause someone stole a pen off the desk. I walk back to stand

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitada, Esta sección debe completarse)

I would like for these officer to be discipline.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Complaint Narrative (Continued)

Here the pen when MRS ADERSON Rush me grab me under my arm. And around my neck pushing me Against the wall trying to force me to the ground Hurting my neck and shoulder. This incident took Place Right In front of the camera in the Law Library. Approx. time 11:AM ON 5-12-16

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. EMANUEL WOODS

(Print Name)

Complainant's Signature: Emanuel Woods

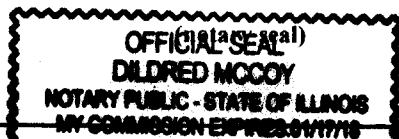
Date: 6-2-16

State of Illinois)
County of Cook)

Signed and sworn to before me on

06-02-16
(date)

by Emanuel Woods
(name of person making statement)



[Signature]
(signature of notary public)

As witness, I, the undersigned, do hereby certify that the foregoing statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Please mail your completed, signed and notarized, complaint form to:

Cook County Sheriff's Office of Professional Review
3026 S. California
Chicago, IL. 60608



**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.):	AGE:	DATE OF BIRTH:	HOME #:
	WOODS EMANUEL	44	1-1-72	N/A
	HOME ADDRESS:	CITY:	WORK/OTHER #:	
	2600 S. California	CHICAGO		
STATE:	ZIP CODE:	STATE I.D./D.L. #:	STATE OF ISSUANCE:	
IL	60608	2016-0307-032	IL	
I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
Complainant Information	DATE OF INCIDENT:		TIME OF INCIDENT:	
	5-12-16		Approx 11:AM	
	LOCATION OF INCIDENT:			
	Div-10 Law-Library			
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:			
MRS. ADERSON. AFRICAN AMERICAN Female. SHE HAS				
A MOLE IN THE MIDDLE OF HER FORE-HEAD.				
ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PROVIDE CONTACT INFORMATION.				
Witnesses	NAME	ADDRESS/CITY/STATE/ZIP	HOME PHONE #	
	Daniel Henney #2015092316	P.O. Box 089002 Chicago IL, 60608, CCDOC Div. 10-3C	N/A	
	Jamie Clark #20160426138	P.O. Box 089002 Chi, IL 60608, CCDOC Div 10-3C	N/A	
	Dominique Nash #20160307192	P.O. Box 089002 Chi, IL 60608 CCDOC Div. 10-3C	N/A	
	Jason Gardner #20150619268	P.O. Box 089002 Chi, IL 60608 CCDOC Div. 10-3C	N/A	
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.			
	<p>ON the above date and time, I Emanuel Woods 2016-0307-032 was in the Law Library when someone stole a pen off the Officer Desk. which was MRS. ADERSON she was in charge of the Law Library at the time the pen was stealing off the desk. so when the officer came to take us back to our wing she told the officer to shake us down cause someone stole a pen off the desk. I walked back to spot on the wall to be searched when someone throw the pen by me. I reach down to give</p>			

☒ CONTINUED ON REVERSE

FOR OFFICE USE ONLY
DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

IAD/IG #: _____

EMANUEL WOODS #2016-0307-032
Div-10-3-C
PO. BOX 089002
CHICAGO, IL. 60608

2016 JUN 23 AM 11:15 TM



16-cv-6613
Judge James B. Zagel
Magistrate Judge Maria Valdez
PC4

NORTHERN DISTRICT OF ILLINOIS
219 SOUTH DEARBORN ST.,
CHICAGO, IL 60604